

DOUGLAS A. DUCEY
- GOVERNOR -



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- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-36
Complainant(s): Sabrina Gage
Respondent(s): Judith Hammerich, DVM (License: 4021)

SUMMARY:

Complaint Received at Board Office: 10/5/21
Committee Discussion: 4/6/21
Board IIR: 5/19/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

In June 2020, "B[REDACTED]" a 1-year-old male mixed breed dog was presented to Dr. Hammerich due to the inability to gain weight. Blood work was performed and cryptosporidium was identified and treated with Azithromycin. A maldigestion profile was also performed and revealed some abnormalities that were discussed with Complainant and oral Cobalequin was started.

In September 2020, Dr. Hammerich's associate, Dr. Martin-Tempel, rechecked the dog's bloodwork and recommended stopping Cobalequin.

On September 28, 2020, the dog was presented to Dr. Evans Cordova at Roadrunner Animal Hospital and Grooming for a second opinion. Radiographs were performed and revealed a severely distended small intestine. Surgical exploration revealed multiple large diverticula throughout the jejunum which would likely require resection and anastomosis.

Due to quality of life issues, Complainant elected to humanely euthanize the dog.

Complainant was noticed and was not available.

Respondent was noticed and appeared telephonically. Attorney, David Stoll, appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sabrina Gage*
- Respondent(s) narrative/medical record: *Judith Hammerich, DVM*
- Consulting Veterinarian(s)/medical record: *Jose Evans Cordova, DVM*

PROPOSED 'FINDINGS of FACT':

1. On June 25, 2020, the dog was presented to Dr. Hammerich. Due to Covid, Complainant was not allowed in the premises. The dog's history was obtained by technical staff member, CVT C██████. Presenting concerns were that the dog was not gaining weight despite good appetite. The dog was found as a stray approximately 3 weeks prior. Complainant stated that she reported the dog was thin, vomiting, and barely gaining weight. According to CVT C██████, Complainant did not report the dog had been vomiting, even after being asked if the dog had been.

2. Upon exam, the dog had a weight = 11.3 pounds, a temperature = 101.3 degrees, a heart rate = 110bpm, and a respiration rate = 42rpm; BCS = 1/9. Dr. Hammerich called Complainant after she examined the dog to go over her findings. She verified the information given to CVT C██████ and the only concern voiced by Complainant was that the dog did not seem to be gaining weight even though he had a good appetite. Dr. Hammerich advised that the dog was underweight but the rest of her exam findings were unremarkable. The abdomen palpated non-painful. Based on the information provided by Complainant and Dr. Hammerich's exam, her rule-outs were intestinal parasites, infectious disease process (Valley Fever), a tick born disease, organ issues, endocrine issues, and/or malabsorption/maldigestion issue.

3. Dr. Hammerich recommended starting with blood work, a fecal, a PCR GI profile and a maldigestion profile. She briefly talked about radiographs but Complainant did not report the dog was vomiting therefore radiographs were not pushed at that time, but advised they may be needed in the future. Complainant agreed to starting with Dr. Hammerich's recommendations; the maldigestion profile could not be performed due to the dog having eaten within 12 hours prior to the appointment. The dog would need to be brought back in for blood collection at a later date. Dr. Hammerich vaccinated the dog against distemper-parvo, Bordetella and rabies.

4. Blood work revealed the following abnormalities:

<i>T. Pro</i>	3.7	5 – 7.4
<i>Albumin</i>	2.0	2.7 – 4.4
<i>AST</i>	14	15 – 66
<i>ALT</i>	4	12 – 118
<i>BUN/Creat Ratio</i>	30	4 – 27
<i>Phos</i>	8.4	2.5 – 6
<i>Potas</i>	5.9	3.6 – 5.5
<i>Na/K Ratio</i>	25	27 – 38
<i>Plt Ct</i>	533	170 – 400
<i>Neuts</i>	50	60 – 77
<i>Lymphs</i>	42	12 – 30

Cryptosporidium spp Positive

Clostridium perfringens ent Positive

5. On July 1, 2020, Dr. Hammerich reviewed the blood work and diagnosed the dog with *Cryptosporidium*. She stated that there were abnormalities in the dog's blood work that she could not explain thus she consulted with an internal medicine specialist from Antech. They discussed the possibility of atypical Addison's disease due to the low Na/K ration. Due to the dog's age and clinical signs, the internal medicine specialist felt the abnormalities in the blood work may be due to malnutrition. It was agreed that a maldigestion profile should be conducted and rechecking the dog's blood work and weight in 30 – 60 days. Additionally, the usage and dosing of Azithromycin to treat *Cryptosporidium* was verified.

6. Dr. Hammerich called Complainant with the findings and recommendations. Complainant approved and scheduled to bring the dog in for the maldigestion profile. Dr. Hammerich stated in her narrative that Complainant never mentioned that the dog had been, or was currently vomiting. There was no mention of the dog showing pain or abdominal discomfort. Dr. Hammerich dispensed Azithromycin 40mg/mL, 52; 1.3mL twice a day orally for 20 days – only 10 days could be dispensed at a time since it was only good for 10 days once reconstituted.

7. On July 14, 2020, the dog was brought in to collect a blood sample for the maldigestion profile. The dog had a weight = 12.94 pounds (increase of 1.64 lbs), a temperature = 100.2 degrees, a heart rate = 170bpm, and a respiration rate = 30rpm. Again, Complainant did not report the dog was vomiting – the dog was doing well at home and there were no concerns. Dr. Hammerich stated that she did not conduct an exam on the dog but she observed the dog pulling on his leash and jumping on anyone that came near him.

8. On July 16, 2020, Dr. Hammerich reviewed the maldigestion profile results. The dog Cobalamin level was low (<150) and folate (15.3) and TLI (>50.0) levels were high. She discussed the results with Complainant; they discussed possible pancreatitis but the dog was not clinically showing symptoms. Again, Complainant did not mention of vomiting or GI distress. Complainant did mention that the dog was a picky eater, but would eat well if the other dogs were eating or nearby. It was recommended Complainant start the dog on either Vitamin B12 injections, or oral Cobalequin, and recheck the maldigestion profile in 8 weeks; Complainant opted for oral Cobalequin. It was ordered and Complainant picked up the medication.

9. On July 19, 2020, the dog was presented to Dr. Martin-Tempel, Dr. Hammerich's associate, to update his vaccines. Due to Covid protocols, CVT C█████ communicated with Complainant before bringing the dog inside the premises. Complainant confirmed the dog was there for his vaccine boosters. It was reported that the dog was eating and seemed to be gaining weight; there was no evidence of vomiting or abdominal pain. The dog was being treated with Azithromycin for *Cryptosporidium*.

10. Dr. Martin-Tempel examined the dog and found a weight = 13.75 pounds (up 2.45 lbs), a temperature = 102 degrees, a heart rate = 140bpm, and respiration rate = pant; BCS 2/9. The dog's abdomen palpated soft and non-painful. Dr. Martin-Tempel called Complainant with her exam and findings. She reported that the dog had gained weight; they could update the

vaccine boosters and continue with Azithromycin and Cobalequin as directed. Complainant did not report any occurrences of vomiting, only that the dog was a finicky eater. The dog was vaccinated and given a free dose of Nexgard and Interceptor.

11. On August 16, 2020, the dog was presented to Dr. Martin-Tempel to vaccinate for Lepto and CIV. Still under Covid protocols, CVT C█████ called Complainant to obtain the dog's current history – the dog was reportedly doing well; the only concern was that the dog was not gaining weight. No reports of vomiting or GI issues. The dog was brought inside the premises for an exam. The dog had a weight = 14.5 pounds (up 0.75lbs), a temperature = 101.6 degrees, a heart rate = 140bpm and a respiration rate = 42rpm; BCS = 3/9 and no evidence of abdominal pain. Dr. Martin-Tempel spoke with Complainant who reported the dog finished the Azithromycin and was still taking Cobalamine. No discussion of vomiting. The dog was vaccinated and it was recommended to follow up on the GI PCR panel/Cryptosporidium status and maldigestion profile.

12. On September 13, 2020, the dog was presented to Dr. Martin-Tempel for his Lepto and CIV vaccine boosters. Complainant reported that the dog had vomited but not for a while; he was still a finicky eater. The dog was brought into the premises for an exam. The dog had a weight = 13.8 pounds (down 0.7lbs), a temperature = 101 degrees, a heart rate = 160bpm and a respiration rate = 40rpm; BCS 2/9; abdomen palpated non-painful.

13. Dr. Martin-Tempel called Complainant to go over her exam and findings and recommended checking the Cobalamine/Folate levels post Azithromycin and Cobalamine administration. There was no mention of vomiting or GI issues. The dog was vaccinated and blood collected for testing. Complainant advised that the dog would eat chicken breasts and rice but was reluctant to eat Royal Canin Recovery and Royal Canin Puppy Food. Dr. Martin-Tempel recommended feeding the dog chicken white meat, no skins, olive oil, green beans and carrots, and canned pumpkin pending lab results. The dog was discharged with Entice 30mg/mL/10mL, 1 bottle; give 0.70mLs orally every 24 hours as needed to stimulate appetite.

14. On September 18, 2020, Dr. Martin-Tempel called Complainant with the blood results. The Cryptosporidium was resolved. The Cobalamine levels were above normal therefore Complainant was asked to discontinue the medication. Complainant reported that the dog was gaining weight and ravenous on the home-made diet. According to Dr. Martin-Tempel, Complainant stated she was feeding the dog four times a day and was licking the bowl clean. No evidence of vomiting or abdominal pain. It was recommended to recheck the dog in a couple weeks to re-evaluate the dog's progress and weight. If the weight loss continues, abdominal radiographs were recommended.

15. According to Complainant, she advised the veterinarians that the dog was not gaining weight or eating right. She could see gas bubbles in the dog's stomach; when the dog did eat, he would roll on his back, go into a downward dog position, or vomit. Complainant stated she was advised that the dog did not have a blockage as he was urinating and defecating normally. At one point, Complainant advised hospital staff that she felt the dog needed an ultrasound or radiograph, as there was something going on with his belly. The dog began to lose weight and vomit intensely therefore Complainant sought out a second opinion.

16. On September 28, 2020, the dog was presented to Dr. Evans Cordova at Roadrunner Animal Hospital & Grooming for a second opinion for the inability to gain weight and vomiting. The dog had a weight = 15.50 pounds (9/13/20 – 13.8lbs), temperature = 100.3 degrees, a heart rate = 120bpm, and a respiration rate = 40rpm. Based on conversations with the pet owner, Dr. Evans Cordova performed radiographs which revealed a severely distended small intestine and a small radiopaque object in the small intestine. After discussing the findings with Complainant, the decision was made to surgically explore the dog.

17. Dr. Evans Cordova stated that exploratory laparotomy revealed approximately 75% of the dog's jejunum was dilated and had multiple, large diverticula throughout the jejunum. The intestine with the diverticulum was very thin; within one of the diverticula a small piece of bone was palpated. Dr. Evans Cordova contacted Complainant with his findings and to discuss possible resection and anastomosis. He explained that the surgery could lead to chronic diarrhea and quality of life concerns. Based on the information provided, Complainant elected to humanely euthanize the dog.

18. Complainant expressed concerns that the dog's vomiting was not addressed and abdominal radiographs were not performed.

COMMITTEE DISCUSSION:

The Committee discussed that these cases came down to if Complainant reported that the dog had been vomiting. If she had, the Committee felt that it would have been documented in the medical record at least once. Neither of the veterinarians would have vaccinated a dog that was vomiting and losing weight. A basic treatment plan for a chronically vomiting dog would include radiographs.

The Committee had a hard time understanding if the dog was vomiting that often, that nothing was said to one of the veterinarians. However, there was nothing documented in the medical records and the dog was presented to the premises multiple times.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

Received
10/5/20

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: OCT 5, 2020

Case Number: 21-36

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Sheila Martin - Tempel

Premise Name: VCA

Premise Address: 2611 Northern Ave

City: Phoenix State: AZ Zip Code: 85051

Telephone: ~~602 218 8318~~ 602 995 0460

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Sabrina Page

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: [REDACTED]

Breed/Spoodle: small (15 lbs) mixed breed

Age: 1 year Sex: Male Color: Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Spoodle: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Sheila Martin-Tempel / Judith Hammerich
UCA Northern Animal Hospital

2611 W. Northern Ave

Phoenix AZ 85051

602.995.0460

E. WITNESS INFORMATION:

Road Runner Animal Hospital 623 878-0033
12330 N 75th Ave Phoenix 85201

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: 10/4/20

Allegations and/or Concerns

I have been going to VCA Animal Hospital for over 5 years. Over all they have been great. I have never had a bad experience other than a long wait time. I have been lucky that none of my animals have been sick. All of our visits were just shots, or check-ups. This time was different. We have been to the office 8 times in the last 4 months spending more than \$2,500.

We first brought B. in to the office in June of 2020. He was thin, vomiting, and barely gaining weight. That was our concern. They agreed that something was wrong and immediately started running a number of tests. They ranged from blood, stool, coccidiomy, ect. The results came back that he indeed had a parasite. It was Cryptosporidium. Which they said would affect his weight. We treated him for that. After about 2 1/2 weeks he was still not gaining weight. We bring him back to vet again and again. They run more tests. They can not figure out is wrong. They, at this time say his B12 is super low. It was less than 150. Normal range is 500-750. So we gave him a supplement for that. B. still is not gaining weight or eating right. I tell the Vet that I can see gas bubbles in his stomach. I explain that when he does eat he rolls on his back or does the downward dog position or even vomits. Still she tells me this is normal because he is so thin, stating couldnt be a blockage because he poops and pees like normal. We are just going back and forth for vet visits and he isn't getting better or gaining weight.

I called and told the receptionist that I think he needs and x-ray or ultra-sound, and something is going on in his belly. She said she'd make a note of it. The last time we went the vet said I think he is just a Hollywood dog, he's just picky...when I explained I could only get him to eat rice and chicken meals. He again started to loose weight and more intense vomiting.

I have lost all hope in his recovery. So I decided to get a second opinion. I made an appointment with the RoadRunner Animal Hospital on Sept 28th. Within an hour the Vet stated something is going on in his belly for sure, he had an Xray and they found something is his intestines. He had to go to surgery. They called me about 4 hours later to inform me that his intestines were very mangled and damaged. They said that he only had a 25% to recover from the damage had been already done. That if he did recover, he would be in the same situation that we currently dealing with. They stated that this is something that had been going on for a long time probably months and months, if not his entire life. We had to put him down to end his suffering. He had been suffering for months. This could all been prevented had the Vets at VCA given him a Xray or proper exam. Instead they looked over the facts because his b12 was low something wasn't absorbing right in his tiny body. I expressed that a number of times. Still they just ran more bloodwork and fecal tests. NOT ONE X-RAY. Just racking up hundreds of dollars in fees, just to find out hes been suffering this whole time. I would like my money back, but I know that's not going to happen, ~~but I want it~~

I will never bring any one of my animals back there.

Judith B. Hammerich, DVM

VCA Northern Animal Hospital
2611 W. Northern Avenue
Phoenix, AZ 85051
(602) 995-0460

47801 N. Black Canyon Hwy. #210
New River, AZ 85087
(602) 418-7147

Received
10/27/20

21-36
21-37
Respondents'
Response

October 13, 2020

Arizona State Veterinary Medical Examining Board
1740 W. Adams St., STE 4600
Phoenix, AZ 85007
(602) 364-1738

Case Number: 21-36

Narrative for events regarding B [REDACTED] Gage, owned by Sabrina Gage.

June 25, 2020

Due to the current COVID 19 situation, we could not allow Ms. Gage into the clinic. I did call and talk to her after I was done with my exam of B [REDACTED]. Following our protocol, in place since March 2020, Ms. Gage called the receptionist when she arrived at the clinic, to check in. The chart was picked up by L [REDACTED] C [REDACTED] CVT, who then either called Ms. Gage, or went out to talk to her in person in our parking lot. I [REDACTED] verified the reason or reasons we were seeing B [REDACTED] that day, and took the owner's account of his history, including but not limited to: his eating, drinking, defecation, urination, vomiting, and activity status, and if he was currently on any medications and/or supplements. L [REDACTED] retrieved B [REDACTED] from Ms. Gage, and brought him into the clinic for his exam and any diagnostics, treatments/medications, and/or vaccines that were recommended or needed. I [REDACTED] obtained B [REDACTED] vitals and weight, and entered this information into the electronic medical record (EMR). I [REDACTED] entered the information the owner gave him, regarding B [REDACTED] history and health status, under the "Patient History" section of the EMR. When I called Ms. Gage to go over my exam findings with her, I verified the information given to L [REDACTED] including the owner's concern, and the pet's eating, drinking, defecation, urination, vomiting and activity status. I also double checked if B [REDACTED] was on any medications and/or supplements. The only concern Ms. Gage told us she had, at that time, was that he didn't seem to be gaining weight, even though he had a good appetite.

B█ an approximately 1 year old, male intact, Chihuahua/Italian Greyhound Mix came in for an exam. On this day, the owner reported that she had found Buck, as a stray, about 3 weeks before bringing him in. Her only concern at that time was that he didn't seem to be gaining weight, even though he had a good appetite. There was no mention of any vomiting at this visit, which I verified during my conversation with Ms. Gage. I let her know that he was underweight, but the rest of his physical exam was unremarkable. I went over my exam findings with her in detail, starting with his head and mouth, down to his tail. I did let her know that his abdomen palpated normally; it was soft and not painful, and I did not feel any obvious masses or mass-like effects. I told Ms. Gage that his current weight was 11.3 pounds. Since B█ was recently saved from the streets, and the owner did not mention that the pet was vomiting, or appeared to be in any abdominal discomfort at home, nor did I palpate any tenderness/pain, or obvious masses/mass-like effects, my top rule outs for this day (for not gaining weight despite having a good appetite) included, but were not limited to: intestinal parasites, an infectious disease process (such as Valley Fever), a tick born disease, organ issues, endocrine issues, and/or a malabsorption/maldigestion issue. A foreign body/obstruction was at the bottom of my rule out list at this time, as the history, clinical signs and physical exam results did not support it.

I discussed with Ms. Gage, the possible rule outs that could be causing him not to gain any weight, and recommended that we start with blood work, a fecal, a PCR GI profile, and a maldigestion profile. I talked briefly about doing routine radiographs (with a consult via a board certified radiologist), but since Ms. Gage did not advise me that B█ had been vomiting, I did not push radiographs at this time. I advised her that they may need to be done in the future, as well as other advanced diagnostics, such as an ultrasound, CT scan and/or MRI, but that would depend on what the lab work reported, and how he was doing clinically. Ms. Gage opted to start with a fecal, blood work and the PCR GI profile. We didn't run the maldigestion profile that day, was because B█ had eaten less than 12 hours prior to the appointment, and we needed a 12 hour fast for this test via Antech's protocol. Ms. Gage declined radiographs this day (see Routine Wellness Radiographs with consult noted in the preventative care recommendations for June 25, 2020). Ms. Gage was to make a tech appointment, to have B█ blood drawn (after a 12 hour fast) for the maldigestion profile, at a later date. On this day, I also vaccinated him against Distemper-Parvo combo, Bordetella and Rabies. If Ms. Gage had told me that B█ had been vomiting, I would not have vaccinated him, and I would have strongly recommended radiographs.

July 1, 2020

I reviewed the initial lab work, and diagnosed B█ with Cryptosporidium. There were some abnormalities on his chemistry profile that I could not neatly explain, so I decided to consult with an internal medicine specialist from Antech (Dr. Slood, 1 (800) 745-4725). I asked her about possible atypical Addison's disease due to the low Na/K ratio. She indicated that this disease was on the radar, but his age and clinical signs may not indicate/support. She thought that the abnormalities on the chemistry profile may be due to his (current) malnutrition.

status. Dr. Slood concurred with me about running the maldigestion profile ASAP, and rechecking his weight and chemistry profile in 30-60 days. She also verified the usage and dosing of Azithromycin for treatment of the Cryptosporidium. I used Cote's Clinical Veterinary Advisor for Dogs and Cats, Fourth Edition, to look the dosing up; I chose Azithromycin since we had it in stock, and could start treatment immediately. After doing some research, and talking to Dr. Slood, I came up with my final plan (in the EMR). I also elected to treat for 20 days, instead of 14 days, since there hasn't been much research into the treatment of Cryptosporidium with Azithromycin, especially in dogs; most of the information I found was for cats, and that was not a lot. I used my background in microbiology to come with a 20-day course of treatment.

I called Ms. Gage to discuss the lab results, and plan I had come up with. I recommended rechecking B [REDACTED] weight and a chemistry panel in 30-60 days, but stressed to her that I preferred both around the 30 day mark. Ms. Gage approved trying the Azithromycin to treat the Cryptosporidium, and said that she would get B [REDACTED] scheduled for the maldigestion profile ASAP; I actually scheduled him myself, for 6pm on 7/8/2020 for this. Based on Ms. Gage's responses during our conversation that day, it was my impression that she understood the recommendations/plans/treatments/etc. Once again, the owner never mentioned that the pet had been, or was currently vomiting, nor did she mention that B [REDACTED] appeared to be showing any pain or discomfort in regards to his GI system.

July 8, 2020

Ms. Gage called to cancel the appointment to get B [REDACTED] blood drawn for the maldigestion profile. B [REDACTED] had accidentally been feed less than 12 hours before the appointment.

July 14, 2020

B [REDACTED] came in for a tech appointment, to draw his blood, for the maldigestion profile. A full physical exam was not done at this time, but I did see him as he came into the treatment room to get his blood drawn. I observed that B [REDACTED] was running around and pulling on his double lead leash. He was also jumping on everybody that came close to him. I could see that he had gained weight, as I was not able to easily see the majority of his bones anymore. His weight this day was 12.94 pounds; he gained 1.64 pounds since I first saw him 6/25/2020 (a little over 2 weeks prior). I asked J [REDACTED] K [REDACTED], the assistant who brought B [REDACTED] in, how he was doing. She said that Ms. Gage told her that he was doing well at home, and that she had no concerns that day. Once again, Ms. Gage did not mention that B [REDACTED] had been vomiting, or was dealing with any type of GI distress. J [REDACTED] took his vitals, which she reported as normal, got his weight, took his blood and prepped it for delivery to Antech that day.

July 16, 2020

I reviewed the maldigestion profile results. B [REDACTED] Cobalamin level was very low, and his Folate and TLI levels were high. I called Ms. Gage and discussed these results. During our conversation, I read, verbatim, the statement on the Antech report concerning low B12 and elevated folate concentrations. I let her know the TLI results were high, which could indicate pancreatitis; however, his PrecisionPSL levels were normal, and he was not displaying the symptoms of pancreatitis, so I was not worried about this value at the time. I went over the clinical signs of pancreatitis with Ms. Gage, and she verified that he was not showing any of these symptoms; again, no mention of vomiting and/or GI distress/upset. She mentioned that he was being a picky eater, but would eat fine if her other pets were eating, or were nearby. I wasn't worried, at this time, about him being a "picky eater", because he was gaining weight. B [REDACTED] appeared to be part Chihuahua, and the majority of Chihuahuas/Chihuahua mixes I have seen during my career, have been "picky eaters" per their owners.

I recommended to Ms. Gage, that we start B [REDACTED] immediately on either Vitamin B12 injections, or oral Cobalequin, and recheck the maldigestion profile in 8 weeks. The owner opted for the oral Cobalequin. We ordered it, and called her when it came in; the date on the invoice for this product was 7/20/2020.

At no time, during any of my conversations with Ms. Gage, did she mention seeing gas bubbles in his stomach, or rolling/stretching after eating, as her letter states. I never told her that there isn't a chance he could have a foreign body/obstruction, and that is not something I would ever tell an owner without diagnostic confirmation to support the conclusion. We did discuss that a foreign body/obstruction was very low on my rule-out list, because he was not displaying any clinical signs of this at the time I saw him, and his physical exam findings did not support this. This was the last time I spoke with Ms. Gage, as she started coming in on my days off.

Final notes

I extend my condolences to Ms. Gage, and her family, for the loss of B [REDACTED]. She is a very nice woman, and B [REDACTED] was a very sweet dog. My heart breaks for her during this time. We worked very hard here at VCA Northern Animal Hospital, to identify the underlying cause, and address the issues she presented to us at the time.

Sincerely,

A handwritten signature in black ink, reading "Judith B. Hammerich, DVM". The signature is fluid and cursive, with the first name "Judith" being the most prominent part.

Judith B. Hammerich, DVM